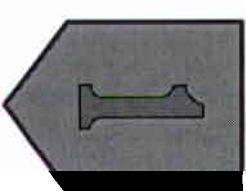




## ENLISTED PERSONNEL MANAGEMENT ELECTRONIC SOP

### Full-Cost Move (FCM)



#### **Eligibility Criteria:**

- Must be serving in an overseas long or short tour area & have 1 year retainability (May request an exception to policy)
- Must not be flagged (unless command-directed)

#### **Documentation Required:**

- DA Form 4187
- Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R
- Enlisted Records Brief (ERB), not more than 60 days old
- DA Form 7246 (EFMP Screening completed and signed by a doctor) & DA Form 5888 (Family Member Deployment Screening completed and signed by doctor)
- Letter of Acceptance (gaining command when a specific unit is requested)
- Letters from Finance, Housing, and Transportation offices

#### **Approval Authority:**

1<sup>st</sup> PERSCOM

#### **Disapproval Authority:**

1<sup>st</sup> PERSCOM or G1, Enlisted Personnel Management, 1ID

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander Battalion Address	2. TO (Include ZIP Code) Commander 1st Infantry Division ATTN: AETV-BGA-EPM APO AE 09036	3. FROM (Include ZIP Code) Commander Unit Address
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) ANY, SOLDIER	5. GRADE OR RANK/PMOS/AOC E-5/75H	6. SOCIAL SECURITY NUMBER 000-11-2222
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**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ effective \_\_\_\_\_ hours, \_\_\_\_\_ 19 \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) Request Full-Cost Move
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)

10. DATE

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

1. IAW AR 614-30, para 4-2, request a Full-Cost Move from \_\_\_\_\_ to \_\_\_\_\_.

REASON:

2. The following information is provided:

CURRENT DEROS:

ETS DATE:

MARITAL STATUS:

# OF DEPENDENTS:

EFMP DEPENDENTS:

ON ASSIGNMENT INSTRUCTIONS:

REQUESTED REPORT DATE:

3. Early Report Authorization is / is not requested.

4. I understand that a Low-Cost Move (LCM) is a PCS for which the total expected cost, including per diem travel, unaccompanied baggage, household goods and dislocation allowance, does not exceed \$500. I further understand that I may not waive my entitlement benefits authorized by JFTR.

8 Encl(s)

1. Memorandum of recommendation by BDE/Sep BN Cdr or DA Form 4187-1-R

2. Enlisted Records Brief (ERB), not more than 60 days old

3-4. DA Form 7246 &amp; DA Form 5888

5. Letter of Acceptance (gaining command when a specific unit is requested)

6-8. Letters from Finance, Housing, and Transportation offices

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein.

☐ HAS BEEN VERIFIED
☐ RECOMMEND APPROVAL
☐ RECOMMEND DISAPPROVAL
☐ IS APPROVED
☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE

Commander's Full Name, Rank, Commanding